

Date In: 11/12/17 15:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ AIG 17023452/h4	E-mail (include 3hrs, AIG 3hrs)		
Veh No: SJS 8001 B	i-Motor Claim Form		
D.O.A: 10/12/17 09:55	i-Motor W/O (w/this, OD 2hrs, TP 4hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )	Tel: ( )	Fax: ( )
TP Particulars:	Veh No: G8G 7100M	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Dates: ( )	Times: ( )
Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]		
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

MA1707655

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Det. 1:

Det. 2 / 3:

## Invoice Preparation Checklist

	Ant (\$)	Ami (\$)
1st Bill		Add Bill
1) AR: Accident Reporting (\$30)	30.00	
2) DA: Damage Assessment (\$100): INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (Ref 10 Jan 2015)		
6) TR: Re-inspection \$75		
7) NI: Ideal DA - SMRT Survey \$160		
8) NTUC Additional Services:		
OT:		
*N6: Courtesy Car / Top Allowance	\$5	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV: Collect Excess Coordination	\$5	
TP (NI) - TP from INC against DVC	\$30	
9) N12: Ideal Mileage	\$1	

Invoice dates: Fee charged

Invoice dates: Fee charged

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	11/12/2017 15:11
Date Of Accident	10/12/2017 09:55
Exact Location Of Accident	JUNC OF EMPRESS RD & FARRER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8001B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HUI MENG
NRIC No	S6927189H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98000774
Alternative Phone No	OFFICE-98000774

### Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CRV 2.0L AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700024737
Cover Note Number	-

### Driver

Name of Driver	KOH WUI HENG
NRIC No	S1509524E
Date Of Birth	08/07/1961
Occupation	INDOOR
Date Of Driving Pass	14/08/1985
Driving Experience	32 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98000774
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 238 BISHAN ST 22 #04-212
Postcode	570238
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7100M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ZHANG QUAN
NRIC/Passport Number	G5442391N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**DETAILS OF INJURED PERSON 1**

Name	KOH WUI HENG
Approximate Age	
Injuries Sustain	NECK DOWN TO SPINE AND RIGHT SPINAL AREA
Injured person in which vehicle?	SJS8001B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	TAN HUI MENG
Approximate Age	
Injuries Sustain	RIGHT ARM & RIGHT BACK AREA
Injured person in which vehicle?	SJS8001B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

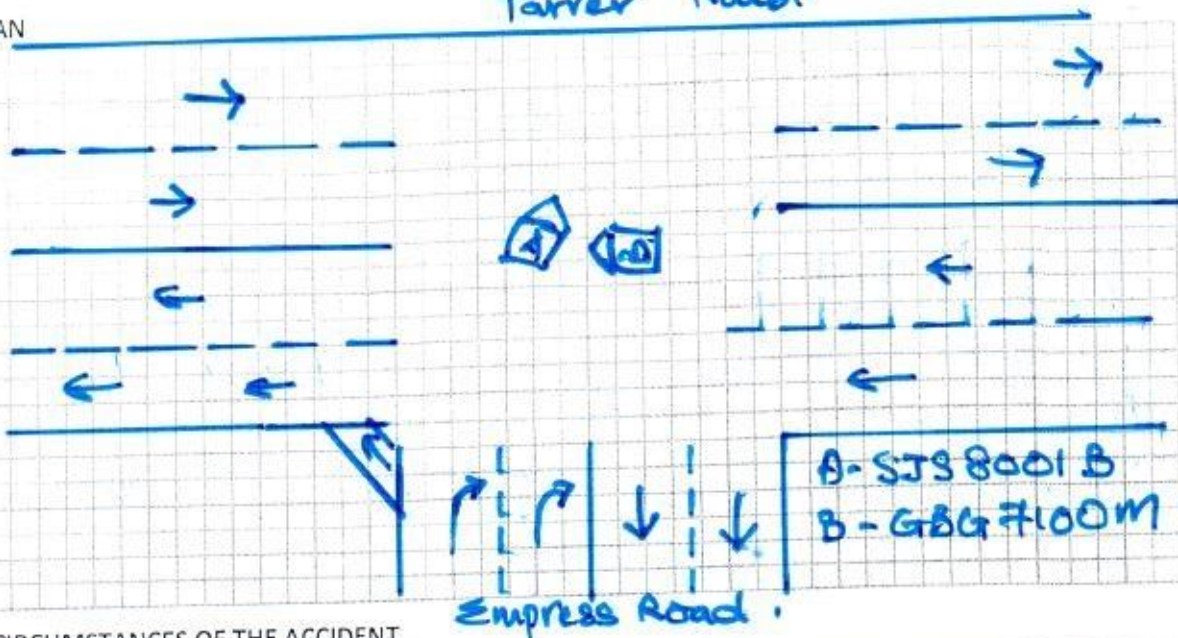
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Farrer Road.




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20171210/2075

1 of 4

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20171210/2075

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 17:51		Vide Report No.:		Station Diary No.: 53	
<b>Informant's Particulars</b>					
Name of Informant: KOH WUI HENG			Address: APT BLK 238 BISHAN STREET 22 #04-212 SINGAPORE 570238		
ID Type / ID No.: NRIC NO / S1509524E			Contact No.: Home/Office: 98000774      Mobile: 85292011311		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 08/07/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TRADER			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2017 09:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 EMPRESS ROAD FARRER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG7100M	Van					0
SJS8001B	Car				Slightly Damaged	3

## Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		





**SINGAPORE  
POLICE FORCE**



T/20171210/2075

2 of 4

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20171210/2075

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Zhang Quan	ID No.	G5442391N
Related Vehicle	GBG7100M (Van)	Contact No.	96622283
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KOH WUI HENG	ID No.	S1509524E
Related Vehicle	SJS8001B (Car)	Contact No.	98000774
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Passenger</b>			
Name	TAN HUI MENG	ID No.	S6927189H
Related Vehicle	SJS8001B (Car)	Contact No.	98000774
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	Slight

**Brief Details.**

On 10/12/17 at about 0955hrs to 1000hrs, I was at junction of Empress Road and Farrer Road waiting to turn right into Farrer Road (towards Holland Road directions).

Subsequently, the traffic lights turn green and I made a right turn into Farrer Road. However, as I was turning, I realised one vehicle (GBG7100M) speeding from my right driver side. The said vehicle was speeding from Farrer Road (towards Adam Road directions) and as I wanted to avoid him, I sped up my vehicle. The said vehicle still collided into my vehicle. The front right bumper of the vehicle had hit onto the rear right side of my vehicle. My rear right tyre was misaligned and dented. There was smoke emitting from the tyre and we had to get the vehicle towed.

The said driver is working for a company known as "Xi Men Jie" in Chinese character and his boss





**SINGAPORE  
POLICE FORCE**



T/20171210/2075

3 of 4

Report No. T/20171210/2075

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

**CONTINUATION OF REPORT**

contact number (9029 7616). My wife spoken to the boss and had also recorded the conversation between her and the said boss.

I was sure he beat the red light as I turned when the traffic light turned green. There is no CCTV recording in my vehicle. I felt discomfort from the neck down to the spine and right spinal area after the accident. My wife felt numbness to her right arm (especially on the elbow joint) and pain to right back area. The 2 other passenger who are my children were shocked and traumatised by the accident.

My wife and I went to see the doctor subsequently and was given 6 days of MC. I will be reporting the accident to the insurance.



**SINGAPORE  
POLICE FORCE**



T/20171210/2075

4 of 4

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

Report No. T/20171210/2075

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 JACKY ONG HOU AN

Signature Of Interpreter:

Not applicable

SN 170

Officer In Charge Of Case:

T/P ARE

(SSI 2 SITIMARSITA BINTE BOHARI)

Contact No.: 65476219

Signature:

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

10/12/2017 17:51

Classification Of Case:



4849180



NRIC No. S1509524E



Date of issue  
07-04-2012

APT BLK 238 BISHAN STREET 22 #04-212  
SINGAPORE 570238

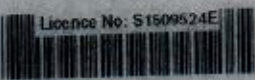
NRIC No. S1509524E Date: 31/03/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE  
14 Aug 1985

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S1509524E



NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1509524E




Name  
KOH WUI HENG

Race  
CHINESE

Date of birth  
08-07-1961

Country of birth  
SINGAPORE

Sex  
M

S1509524E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1509524E



KOH WUI HENG

Birth Date 08 Jul 1961

Issue Date 13 Aug 2003



1000741795J

5615887



NRIC No S6927189H



Date of Expiry  
09-06-2016

Address  
5 LEEDON HEIGHTS  
#19-10  
SINGAPORE 267952



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6927189H



Name  
TAN HUI MENG

Race  
CHINESE

Date of birth  
01-08-1969

Country/Place of birth  
SINGAPORE

Sex  
F

S6927189H





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

**Name of Policyholder** : TAN HUI MENG  
**Period of Insurance** : 04 Jul 2017 To 03 Jul 2018  
**Engine No.** : R20A13700268  
**Chassis No.** : JHLRE28309C200299

**Vehicle No.** : SJS8001B  
**Policy No.** : 1700024737  
**Endorsement No.** :  
**Issued Date** : 04 Jul 2017

### ABOUT THE COVER

**Make/Model** : HONDA CRV 2.0 [MPV]  
**Engine Capacity/Tonnage** : 1,998.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2008  
**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\*

- a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

TAN HUI MENG - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0287001000

KOH TENG ENG

BLK 362 YUNG AN ROAD #09-125

SINGAPORE 610362 SP-ELLYKOH-NGEESIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Monik*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

TENG ENG KOH